

Form CPF M 102: Campaign Finance Report

Municipal Form

CITY OF CAMBRIDGE

Office of Campaign and Political Finance

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Commonweal of Massachus		
File with:		70.7

7004 JAN 23 P L: 3L City or Town Clerk or Election Commission Please print or type all information, except signatures. Fill in dates: **Ending** Reporting Period Beginning Type of report: (Check one) □8th day preceding election □30 day after election □year-end report □dissolution ☐8th day preceding preliminary Commother to Black Krohnal Harden Full Name of Candidate (if applicable) SCHOOL COMMITTEE Office Sought and District WENDSOKSO CAMPSNEDGE MA O2139 Residential Address Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: 685.37 Line 1: Ending balance from previous report 4500.00 Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4)

Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Carren's Bonk

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

20	100,100,000	of Candidate:	Service Control of the Control of th	_1_401409634-2507_1004
•	Itidovit	of Candidate.	"(check l	POA UDIAL

Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55 Signed under the penalties of perjury:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
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100			7.5	
	15 4 7 10 2 1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1			
Line 9:	Total receipts in excess of \$50 (or listed above)			
	: Total receipts \$50 and under* (not listed above)			
Line 11	: TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized Page 2 above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
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					1 40	
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Edited and advisor of the contract of the cont	Expenditures over \$50	A STATE OF THE STA		
		Control to the Control of the Contro	Expenditures \$50 and under*		100	
	Enter on page 1, line 4	Line 14	TOTAL EXPENDITURES			

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			ti tell alla gie	
Loop in the state	3			
		Line 15:	In-kind over \$50	
	Andrew Control of the	Line 16:	In-kind \$50 and under	41434
Maria.	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

To Whom Due	Address	Purpose	Amount
JOHN GANNON		Lecourt	58000
Richard Harden		loon to Composign	2000 ª
•			
G.		Extension Committee	
Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	7500 =
	JOHN GANNON Richard Hardry	John Gannon Richard Hooding	Toth Gannon Leant Richard Hardry Loanto Componya

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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The Commonwealth of Massachusetts

OFFICE OF CAMPAIGN AND POLITICAL FINANCE

DISCLOSURE OF ASSETS STATEMENT

File with City or Town Clerk or Election Commission.



MUNICIPAL Schedule E

Office Use Only								
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			1					
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			- 1					
			- 1					

Name	of Committee					
Date o	f Report					
This fo	orm must be fi	led with each January 10	th report and each Di	ssolution Report.		
Asset		ne item that has a useful liest/value of \$1,000 or mo			in a normal business	s environment,
Side 1	should comp	ust be completed by complete Side 2, Part A. All of the committee must be de	committees must also	complete Side 2, Part B.		er committees
	Asset (1)	Date and Where Acquired	Present Location	Manner Acquired	Cost (P) Value (I)	(2)

Asset (1)	Date and Where Acquired	Present Location	Manner Acquired	Cost (P) Value (I)	(2)
		A			

(1) Include year and make when applicable.

(2) Attach statement of how value is determined and include in cost column if acquired by In-Kind Contribution.

(P) Purchase.

(I) In-Kind Contribution.

I coffify that this statement is true, accurate	and complete. Signe	d under/the penalties of perju	işy.	
Diched Howlins	1/17/63	1 Muss (Silva	1/17/03
Candidate's Signature/	Date	Treasurer's Signature		Date

Assets acquired by a political committee must be primarily used for the political purposes of that committee and must remain the property of that committee. Disposition of assets may occur at any time, but in any event no later than the dissolution of the political committee. A committee must dispose of its assets in a manner that conforms to the requirements of c. 55.

OFFICE OF CAMPAIGN & POLITICAL FINANCE DISCLOSURE OF ASSETS STATEMENT Schedule E Side 2

This part should be completed by those committees who have filed this form in a prior year. Committees completing this part must list all assets acquired since the end of the reporting period covered by the last Schedule E.

Asset (1)	Date and Where Acquired	Present Location	Manner Acquired	Cost (P) Value (I)	(2)
	During the Reporting Perisold, traded or retired dur		ed by this report that has a		te if none C
Date of Disposition	Manner of Disposition		sposition to: e and Address	Disposition Value	1

10/20/2003 Committee to Elect Paul Demakis 12/18/2003 Capenter's Local Union No. 40 PAC	12/18/2003 Chales	10/20/2003 Jonathan	10/18/2003 Harriet	10/18/2003 David	10/18/2003 Richard	10/25/2003 Donald E.	10/28/2003 London	10/20/2003 Maria	10/20/2003 Greg	10/20/2003 Jonathan	12/18/2003 Margie	10/25/2003 Marsha	10/28/2003 Stephen	Date Fname
lo. 40 PAC	Campion	Ginsberg	Griesinger	Griesinger	Harding	Harding	Hardy	Jobin-Leeds	Jobin-Leeds	King	McShane	Orent	Sillari	Lname
701 Concord Ave.	284 Dear Road	2 James Way	23 Bellevue Ave	23 Bellevue Ave	187 Windsor St	187 Windsor St	294 McGrath Hwy	P.O. Box 390109	P.O. Box 390109	40 Essex Street	8 Old Stable Drive	2130 Mass Ave #8E		Address
Cambridge	Brookline	Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	Somerville	Cambridge	Cambridge	Cambridge	Mansfield	Cambridge	Cambridge	City
Ma	S ⊠	Ma	Ma	Ma	Ma	Ma	Ma	Ma	Ma	Ma	Ma	Ma	Ma	State
02138	02445	02141	02140	02140	02139 Coordinator	02139 Manager	02143 Director	02139	02139	02139	02048	02140	02141 Self-employed	Zip Occupation
Commission	Commonwealth				Cambridge Health Alliance	MBTA	Young People's Project							Employer
200 *	50	50 '	250 *	200	2000	300	100	250	200	100	100	100	400	Amou Info requested

total

100 4500

^{*} Denotes that a letter has been sent to the contributor requesting address and/or employer information. Misc. Contributions (contributions of 50 and under)

12/18/03 Samir Randolph	12/2/03 Samir Randolph	11/12/03 Samir Randolph	10/18/03 Samir Randolph	11/19/03 Moacir Barbosa	10/25/03 Cambridge Offset Printing	Date Vendor
_	_	_	_			Ado
1889 Beacon St., Brookline, Ma	1888 Beacon St., Brookline, Ma	1890 Beacon St., Brookline, Ma	1887 Beacon St., Brookline, Ma	57 Murdock St., Somerville, Ma	56 Creighton St, Somerville, Ma	Address
Manager	Manager	Manager	Manager	Stamps, misc.	Printing	Expenditure /
250	200	250	250	100	3900	\mount

Misc.

4950